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Correspondence

Variability in the transition zone length in Hirschsprung disease

Dear Editor:

I have read with great interest the paper "Variability of the transition zone length in Hirschsprung disease" by Thakkar, Blackburn, Curry, De Coppi, Giuliani, Sebire and Cross, published in the January 2020 issue of the Journal [1].

I found this article to be quite interesting in regard to the possibility of a transition zone longer than usual. We eventually see patients with HD in whom this situation could explain a protracted postoperative course, with colitis due to functional obstruction as a result of a pull-through within a transition zone longer than expected. The authors recommend a thorough study of a circumferential sample or donut at the proximal end of the resected specimen by the pathologist during the intraoperative consult, since this could make a significant difference to avoid such an occurrence.

The authors report that 23% (11/48) of their patients had a transition zone longer than 5 cm (5.5–22.9 cm), and they also report a high incidence of syndromic cases, 21% (10/48). In their analysis they do not specify which syndromes were included, and if the patients that had a longer transition zone were syndromic or not. Therefore, I would like to ask if they possess that information, and if they can observe a correlation between the length of the transition zone and a defined syndrome. I thank the authors for their contribution, and I am eager to read their response.

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Reference

[1] Thakkar H, Blackburn S, Curry J, et al. Variability of the transition zone length in Hirschsprung disease. J Pediatr Surg. 2020;55:63–6.